

<i>SERFF Tracking Number:</i>	<i>EVST-125685088</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-GL-20024137</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>GL-Endorsements/CW-GL-20024082</i>		

Filing at a Glance

Company: Everest National Insurance Company

Product Name: General Liability

SERFF Tr Num: EVST-125685088

State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI

Co Tr Num: AR-GL-20024137

State Status: Fees verified and received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Vanessa King

Disposition Date: 06/12/2008

Date Submitted: 06/11/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: GL-Endorsements

Project Number: CW-GL-20024082

Reference Organization:

Reference Title:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Vanessa King, Manager, Filing and Regulation vanessa.king@everestire.com

SERFF Tracking Number: EVST-125685088 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-20024137
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: General Liability
Project Name/Number: GL-Endorsements/CW-GL-20024082

P.O. Box 830 (908) 604-3267 [Phone]
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
477 Martinsville Road Group Code: 1120 Company Type:
P.O. Box 830
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
Ltd.
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

SERFF Tracking Number: EVST-125685088 State: Arkansas
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Company Tracking Number: AR-GL-20024137
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: General Liability
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$50.00	06/11/2008	20792932

SERFF Tracking Number:	EVST-125685088	State:	Arkansas
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Company Tracking Number:	AR-GL-20024137		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0000 Other Liability Sub-TOI Combinations
Product Name:	General Liability		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/12/2008	06/12/2008

<i>SERFF Tracking Number:</i>	<i>EVST-125685088</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-GL-20024137</i>		
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<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>GL-Endorsements/CW-GL-20024082</i>		

Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125685088 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-GL-20024137

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: General Liability

Project Name/Number: GL-Endorsements/CW-GL-20024082

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Total Abuse Or Molestation Exclusion	Approved	Yes
Form	Social Services Professional Liability Declarations	Approved	Yes
Form	Limitation - No Stacking Of Occurrence Limits Of Insurance	Approved	Yes

SERFF Tracking Number: EVST-125685088 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-GL-20024137

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: General Liability

Project Name/Number: GL-Endorsements/CW-GL-20024082

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Total Abuse Or Molestation Exclusion	EIL 21 505 10 07	10 07	Endorsement/Amendment/Conditions		0.00	EIL 21 505 10 07.pdf
Approved	Social Services Professional Liability Declarations	EDEC 227 07 02	07 02	Declaration New s/Schedule		0.00	EDEC 227 07 02.pdf
Approved	Limitation - No Stacking Of Occurrence Limits Of Insurance	ECG 25 511 12 05	12 05	Endorsement/Amendment/Conditions		0.00	ECG 25 511 12 05.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TOTAL ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL CATASTROPHE LIABILITY COVERAGE FORM
COMMERCIAL EXCESS LIABILITY COVERAGE FORM

The following exclusion is added:

This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" for which any insured may be held liable by reason of the actual, alleged or threatened abuse or molestation of any person by any person, persons or organizations; or
- b. "Bodily injury", "property damage" or "personal and advertising injury" for which any insured may be held liable by reason of:
 - (1) The employment of;
 - (2) The investigation of;
 - (3) The supervision of;
 - (4) The reporting or failure to report to the proper authorities of;
 - (5) The retention or reassignment of; or
 - (6) Any other alleged or actual relationship, contract, agreement or activity with any person, persons or organization:
 - i. Accused or guilty of; or
 - ii. Who had or should have had actual, implied or imputed knowledge of the actual, alleged or threatened abuse or molestation of any person.

SOCIAL SERVICES PROFESSIONAL LIABILITY DECLARATIONS

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company)		
ADDITIONAL INSURED		
LIMITS OF INSURANCE AND REGULATORY DEFENSE AMOUNT		
\$ _____ AGGREGATE LIMIT \$ _____ EACH PROFESSIONAL SERVICES INCIDENT LIMIT		
PREMIUM SCHEDULE		
CLASSIFICATION	NUMBER	RATE
CATEGORY		ANNUAL PREMIUM
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Coverage Part Premium		\$
FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION – NO STACKING OF OCCURRENCE LIMITS OF INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following condition is added to **Section IV – Commercial General Liability Conditions:**

Two or More Coverage Forms or Policies Issued By Us

If this policy and any other policy, policies or coverage form(s) issued to you by us or any of our affiliated companies apply to the same or related damages, the most that will be paid by us and our affiliated companies either individually or collectively for the sum of all those damages is the single largest applicable Each Occurrence Limit or similar per occurrence limit of insurance available under any one of those policies or coverage forms. Same or related damages include the continuation of injury or damages from a prior policy period into a subsequent policy period, or any injury or damage resulting from the same cause or "occurrence."

However, this provision does not apply to umbrella or similar policies or coverage forms that are purchased specifically to apply in excess of another policy or coverage form that is scheduled as underlying insurance.

In no event will coverage be provided during the policy period after (1) the applicable aggregate Limit of Insurance under any one coverage form or policy has been exhausted, or (2) the applicable aggregate Limit of Insurance under any one coverage form or policy would have been exhausted had all covered claims been submitted under that one coverage form or policy rather than under two or more coverage forms or policies.

The terms of this endorsement will govern as respect the application of any limits of insurance. If this policy or coverage form contains any other language regarding limits of insurance that is in conflict with the terms of this endorsement, such other language is subject to the terms of this endorsement.

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<i>Company Tracking Number:</i>	<i>AR-GL-20024137</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>GL-Endorsements/CW-GL-20024082</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125685088 *State:* Arkansas
Filing Company: Everest National Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR-GL-20024137
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0000 Other Liability Sub-TOI Combinations
Product Name: General Liability
Project Name/Number: GL-Endorsements/CW-GL-20024082

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	06/12/2008

Comments:

Attachment:

Transmittal.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Everest Re Group, Ltd.				Group NAIC #	1120
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Everest National Insurance Company	DE	10120	22-2660372			

5. Company Tracking Number	AR-GL-20024137
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everest re.com
7. Signature of authorized filer		Vanessa King		
8. Please print name of authorized filer		Vanessa King		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability			
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	07/01/2008	Renewal:	07/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	6/11/2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-GL-20024137
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

This filing consists of three changes. The descriptions of the three sections are shown below:

- 1) We are introducing endorsement EIL 21 505 – Total Abuse Or Molestation Exclusion, for use with our General Liability business. This endorsement provides the option to exclude liability coverage for the abuse or molestation of any person by any person, persons or organizations. We are also revising our General Liability company exception rule pages to reference this new endorsement.
- 2) We are introducing EDEC 227 - Social Services Professional Liability Declarations, for use with our General Liability business. As a companion to this new form, we are also revising our General Liability company exception rule pages to reference EDEC 227, and to properly identify where certain limits applicable to our Optional Enhancement Packages for Child Care Centers and Social Services are to be found within the policy. Under a separate filing, we are also introducing this form for use with our Professional Liability business.
- 3) We are revising our General Liability company exception rule pages to reference previously approved endorsement ECG 25 511 – Limitation – No Stacking Of Occurrence Limits Of Insurance, in order to expand the availability of this endorsement beyond our Entertainment, Leisure and Sports Program, to all of our General Liability business. Additionally, we are also deleting reference to this endorsement in our program-specific supplement, "Risk Managed Entertainment, Leisure and Sports Program Supplemental Manual – General Liability" as it will no longer be exclusive to this program.

The changes to the rules have been filed under separate cover.

We request an effective date of July 1, 2008 or the earliest permissible date consistent with your requirements.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-GL-20024137
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AR-GL-20024138

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Total Abuse or Molestation Exclusion	EIL 21 505 10 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Social Services Professional Liability Declarations	EDEC 227 07 02	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Limitation – No Stacking Of Occurrence Limits Of Insurance	ECG 25 511 12 05	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1